

NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.



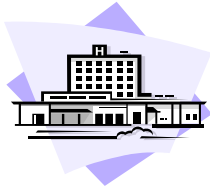
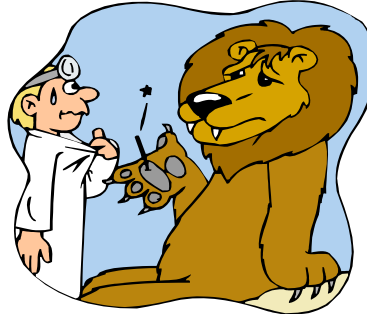
SAFER MEDICAL DEVICE IMPLEMENTATION IN HEALTH CARE FACILITIES

SHARING LESSONS LEARNED

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.



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Phase 1: Form a Sharps Injury Prevention Team

Description of Facility

Our hospital is a not for profit corporation. We have served the community for over ninety years. We offer a full range of general acute care, drug rehabilitation and specialized health services. We are licensed for 170 beds; we have an admission rate of approximately 6,000 patients per year. Our in-patient dialysis unit provides treatment to 4-6 patients daily. Our facility performs approximately 5,000 surgical procedures yearly. We also deliver services via 5 off site clinics. We provide additional services to the community through our comprehensive detoxification unit, chemical dependency unit, and HIV (Wellness Center).



1. * *The process that we used to identify sharps injury prevention team members:* *

At our hospital the team approach is designated as the method to provide optimal resolution for internal problems. We began the process by distributing a (Special Project Request Form) to department managers whose employees use sharps. The purpose of the form is to design a multidisciplinary team to work together and the goal is to improve a system that needs to work more effectively, or to define and repair system/ process failures. The request form along with this memo was delivered to department managers:

Congress passed the Needlestick Safety and Prevention Act on November 6, 2000. In order to fulfill requirements to comply with this law, which is also mandated by OSHA and JACHO, we will have a meeting to discuss safety engineered products for evaluation. Please bring any pertinent materials, re: samples, brochures, price comparisons, to the meeting. Please fill out the attached special projects form and forward it to the Quality Management Department.

The main criteria for team member selection were to include the departments whose staff members use sharps. The first meeting did not include any non-managerial employees. All of the members who were initially invited to attend were management personnel; no administrative or direct patient care employees were included.

2. * Describe the sharps injury prevention team *

Employees from the following departments attended:

<i>NURSING</i>	<i>RESPIRATORY THERAPY</i>
Director of Nursing (RN) (1)	Manager (1)
Nurse Managers (RN's) (5)	
	<i>SAFETY</i>
<i>SURGERY</i>	Manager (1)
Manager (RN) (1)	
Anesthesia (RN) (1)	<i>INFECTION CONTROL</i>
	Manager (1)
<i>EMERGENCY ROOM</i>	
Manager (RN) (1)	<i>DIALYSIS</i>
	Manager (1)
<i>EDUCATION DEPT.</i>	
Managers (RN) (2)	<i>WELLNESS CLINIC</i>
	Nurse Practitioner (1)
<i>LABORATORY</i>	
Physician (1)	
Manager (1)	

3. * *Describe your team's designated coordinator* *

The team leader is the Infection Control Practitioner. Her educational background includes a Bachelor of Science degree in Health Administration; her training also includes HIV Educator's training, and Oncology/ Chemotherapy Infusion Certification. She maintains a record of all needlesticks, both in the hospital and in the hospital related clinics. She conducts training sessions related to needlestick safety for hospital employees, and for nursing students who have their clinical experience at our facility. She is a valuable resource on the product selection team, her experience proved to be very beneficial in the needle selection procedure.

4. **Recommendations regarding the composition of the sharps injury prevention team* *

1. We failed to realize that we needed more than one member from each department, one primary member and one secondary member. Since our hospital is relatively small, we found that we needed additional members, so that no department missed vital information.

2. We invited ancillary staff members e.g., nurses, phlebotomists, dialysis technicians and the purchasing manager, to the next meeting. In retrospect, non-managerial employees *should* have been included at the first meeting. Staff nurses and even in-house registry nurses share a great wealth of knowledge. Quite a few of them are employed at other area hospitals, and some of them were already familiar with various safety engineered products. The department managers were asked to select staff members to include on the team. They were invited to join the team, and minutes of the first meeting were distributed to the new members.

In addition to our CEO, we have three assistant administrators; we decided that they would all be asked to join the team. We recognized that we would need approval for the final product that was chosen. We needed to include them in the selection process, and to assure them that we were working to provide the best product while assessing the cost and other factors as well. The final additions to the team included:

- One administrator (Ad Hoc)
- Employee Health Physician (Ad Hoc)
- Three medical assistants from hospital related clinics
- One RN from each patient unit (7-3pm shift and 3-11 for a total of eight)

It was decided to hold some of the meetings at 2:00pm so that both the 7-3 pm and 3-11 employees could attend. The afternoon shift employees were paid to come in one hour before their shift began.

The ability to lead the team was a tremendous undertaking. We learned that it was important that our team members understand that our hospital could be cited and fined for failure to use needle safety devices, and proper work practices to prevent needlesticks. The CDC, (NIOSH) and OSHA websites were valuable training tools that were used to educate the entire staff, not just the team members. We took this opportunity as a team to launch a sharps safety poster campaign to provide further education to all of the hospital employees.

5. * Describe the lessons learned or problems and resolutions *

The lessons learned during this process were:

- The structure of the team should be thoroughly pre-planned prior to the first actual meeting. There were some managers, e.g., dietary, admitting, physical therapy, who felt that someone from their department should have been included on the team. Even though they don't actually use sharps, their employees are at risk for accidental needlesticks. It was finally decided to share the minutes of the meetings with those department heads, so that they could update their staff at their monthly inter-department meetings.
- The employees, especially the nurses and respiratory therapists were very enthusiastic about their participation. Some of the nurses shared their personal experiences about needle sticks that they had sustained in past years, and the fear that had accompanied those unfortunate incidents. They felt that this law was well over due, and they were very happy to be included in this project.
- There was some opposition from the supervisors, because whenever employees are pulled from their designated jobs, another person has to fill in for them. Nurses had to have their patients reassigned until they returned to their unit. We quickly discovered that the meetings had to begin on time, and that we had to adhere to a tight schedule. We decided that the meetings

should not last longer than forty-five minutes. Some of the meetings were held during lunch time, employees were encouraged to bring their lunch to the meetings. We provided snacks, e.g., chips, soda and cookies.

- Since our institution is relatively small we thought that this would work to our advantage, because many of the employees that we utilized when we formed this team have worked together on other committees. However, since this group was so large, there were times when we lost direction, and it took valuable time to re-focus the members. We learned that the agenda should be well planned, prior to the meeting. If at all possible, everyone should be sent, via e-mail a copy of the agenda, before the meeting. Members should be reminded to keep all comments well directed, and pertinent to the subject. We found that we covered more material when we had shorter, well planned meetings.
- Sub-Committees may have been a good idea. Smaller groups consisting of four to six employees from different departments could have been assigned to meet prior to the next meeting to work on a portion of the information and data. Such as, assessment of the many, needle-less device samples, and evaluation of the tons of literature that we had received. Their findings could be addressed at the next general meeting, and then, time for other vital information could have been covered much faster.

6. * *Improving the process* *

Administration: If we were to begin this process again we would start with a meeting with our hospital's CEO and the administrators. Before we even initiated the team process it would have been beneficial to ask them to come to the table to review the Needlestick Safety and Prevention Act and the Bloodborne Pathogen Standards. Without the support and approval of our senior management staff no real decisions can be made or carried out.

Purchasing: Develop a good working relationship with the purchasing department. They will be your front line access to the many vendors, who will attempt to sell you their products. Their expertise is invaluable when the team begins the process of assessing prices, comparisons, and evaluations. This department should participate in the first meeting, if the manager cannot attend, a representative should attend.

Nursing Department: Staff nurses are the frontline healthcare workers, and as such they should be one of the first groups invited to join the team. They face the danger of exposure to potentially life-threatening diseases from needlesticks, possibly more than any other group of healthcare workers. Staff nurses can make a significant impact on needle safety and sharps disposal by being role models for other healthcare workers. Their contribution to this team was valuable in innumerable ways.

Infection Control: The infection Control department is the best resource for data associated with needlestick patterns in the facility. They also conduct on-site follow-up after each occurrence to obtain post exposure information, identify problems, and provide guidance. When selecting a device they will assess the design and any special technique that may influence its safety and acceptability. They will also assess staff compliance during the evaluation phase, and during the staff user trial period.

Strategies for Success: The team should work as a team, it is important at the very beginning to make sure that all of the team members realize that everyone has valuable input. Every member needs to realize that they are important for the success of the team; if they don't feel that they are being heard, or that they are not needed they may be too 'busy' when the next meeting date arrives. If employees are responsible for certain projects, information, or materials to bring to the meeting they tend to arrive on time, and provide more input for the other team members. Yes, the team leader should know how to guide, but it is also important that the leader must know how to listen to the team and then provides appropriate feedback based on their decisions. Team communication is the key, the leader must know how to effectively communicate ideas and promote ideas enthusiastically.

7. * *Advice to similar facilities just starting the process* *

Seek management support before getting started, you may not receive as much support as you would like. Be prepared to accept whatever assistance is offered.

Bring copies of the OSHA guidelines to the first meeting, by the time you have the second meeting the team members should be familiar with the guidelines. Offer related websites as an additional source of information.

Since most institutions are watching dollars very carefully, the helm of the leadership will probably have to be guided by on-staff personnel. The Infection Control Practitioner, the Emergency Room Manager, or Employee Health Nurse are excellent resources, make use of professional staff as needed. Research, evaluation, and assessment tasks can occupy many hours. The team leader may choose to appoint a co-leader to assist with information gathering, scheduling meetings, and meeting organization.

8. * *Other relevant information about the process you used, or the problems you encountered* *

Meetings were held during working hours. We found that we could not have long meetings, and this worked to our advantage. There were a few nurses and phlebotomy tech's who did receive overtime pay for meetings, but due to the shortage of these types of employees, they frequently work overtime hours. When we met, we would start right away, we did not wait for late comers, and after the first few meetings they learned to be on time, whenever possible.

We met once a month, usually on the last Wednesday of the month, most of the meetings were held during the lunch hour:

12:00pm - 12:45PM

Or 2:00pm-2:45PM

Meetings were held at the facility, most of the meetings were held in a large conference room. It was more cost effective to hold the meetings at the hospital. Administrative approval would have been required to have meetings outside of the facility.

Estimated Staff Hours

<i>Management</i>	<i>0</i>
<i>Administrative</i>	<i>40</i>
<i>Front Line</i>	<i>0</i>
<i>TOTAL</i>	<i>40</i>

Other Costs:

Materials consisted of 1. Copying handouts, and related articles from internet sources. 2. Preparing for meetings by sending e-mails to team members.